

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Vincent Women's Hospital (Satellite)City: Indianapolis County: Marion Year: **2004**

Provider Type: Satellite of Acute Care Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	0	0	0	\$0
Neonatal Intermed	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	54	2,371	12,880	\$4,101
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	54	2,371	12,880	NA
Normal Newborn	0	0	0	\$0

II. Outpatient Visits

Total Annual Outpatient Visits

41,232

Number of Visits to Emergency Department

0

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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